

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LouisianaGROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency* Citation(s)

Groups Covered

The following groups are covered under this plan.

IV-A Section 1931(b) A.
of the Social
Security ActMandatory Coverage - Categorically Needy

1. Families who meet the provisions specified in section 1931(b) of the Act relating to the approved AFDC State plan in effect on July 16, 1996.

The July 16, 1996 approved State AFDC plan includes:

- ☒ Families with unemployed parents.
- ☒ Pregnant women with no other eligible children.
- ☒ AFDC children age 18 who are full-time students in secondary school or in the equivalent level of vocational or technical training.

Recipients of TANF are deemed to meet these criteria so long as TANF requirements are more restrictive than eligibility requirements under the AFDC State Plan in effect on July 16, 1996.

2. N/A

3. N/A

4. N/A

STATE	<u>Louisiana</u>	A
DATE RECD	<u>12-31-96</u>	
DATE APL	<u>03-31-97</u>	
DATE ET	<u>10-01-96</u>	
HCFA 179	<u>96-13</u>	

TN#

96-43

Approval Date

03/31/97

Effective Date

10/01/96

Supersedes

TN#

91-26

Revision:

ATTACHMENT 2.2-A

Page 2

OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

RESERVED

STATE	<u>Louisiana</u>	A
DATE RE	<u>12-31-96</u>	
DATE	<u>03-31-97</u>	
DATE	<u>10-01-96</u>	
HCFA 179	<u>96-43</u>	

TN# 96-43 Approval Date 03/31/97 Effective Date 10/01/96
Supersedes
TN# 91-26

State: LOUISIANA

Agency* Citation(s)

Groups Covered

IV-A

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902
(a)(10)(A)(i)
and 1905(m)(1)
of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

☐ Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52)
and 1925 of
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

TN No. 91-23 Approval Date APR 02 1991 Effective Date OCT 01 1991
Supersedes
TN No. 4a, Item 86 (90-31) HCFA ID: 7983E
2a, Item 3 (90-18)

STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 05 1991</u>	
DATE APP'D <u>APR 02 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-23</u>	

State: LOUISIANA

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

XIX 42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
- a. Families denied AFDC solely because of income and resources deemed to be available from--
 - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

TN No. 91-23 Approval Date APR 02 1991 Effective Date OCT 01 1991
Supersedes
TN No. 24, Item 4 (90-18) HCFA ID: 7983E

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>DEC 05 1991</u>	
DATE AP'D	<u>APR 02 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 177	<u>91-23</u>	

State: LOUISIANA

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

42 CFR 435.114

6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

X Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

X Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

 Not applicable with respect to intermediate care facilities; State did or does not cover this service.

1902(a)(10)
(A)(i)(III)
and 1905(n) of
the Act

7. Qualified Pregnant Women and Children.

a. A pregnant woman whose pregnancy has been medically verified who--

(1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

TN No. 91-23 Approval Date Apr 2 1991

Effective Date OCT 01 1991

Supersedes

TN No. ITEMS 5, 6.a.1,
+ 6.a.2 (86-76)

HCFA ID: 7983E

STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 05 1991</u>	
DATE APP'D <u>APR 02 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-23</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation(s)

Groups Covered

XIX.

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

7. a. (2) Is a member of a family that would be
eligible for aid to families with dependent
children of unemployed parents; *or*

(3) Would be eligible for an AFDC cash payment
on the basis of the income and resource
requirements of the State's approved AFDC
plan.

1902(a)(10)(A)
(i)(III) and
1905(n) of the
Act

b. Children born after September 30, 1983 who
are under age 19 and who would be eligible
for an AFDC cash payment on the basis of the
income and resource requirements of the
State's approved AFDC plan.

Children born after

(specify optional earlier date)
who are under age 19 and who would be
eligible for an AFDC cash payment on the
basis of the income and resource
requirements of the State's approved
AFDC plan.

STATE <u>Louisiana</u>	A
DATE REC'D <u>APR 06 1992</u>	
DATE APPV'D <u>MAY 14 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-07</u>	

* Agency that determines eligibility for coverage.

TN No. 92-07
Superseded
TN No. 91-27 Approval Date MAY 14 1992 Effective Date APR 01 1992

Revision: HCFA-PM- (MB)
February 1998

ATTACHMENT 2.2-A
Page 4a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)(A)
(I)(IV) and
1902(1)(1)(A)
and (B) of the
Act

8. Pregnant women and infants under 1 year of
age with family incomes up to 133 percent
of the Federal poverty level who are described
in section 1902(a)(10)(A)(I)(IV) and 1902(1)
(1)(A) and (B) of the Act. The income level for
this group is specified in Supplement 1 to
ATTACHMENT 2.6-A.

The State uses a percentage greater than 133
but not more than 185 percent of the Federal
poverty level, as established in its State
plan, State legislation, or State
appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A)
(I)(VI)
1902(1)(1)(C)
of the Act

a. who have attained 1 year of age but have
and not attained 6 years of age, with family
incomes at or below 133 percent of the
Federal poverty levels.

1902(a)(10)(A)(I)
(VII) and 1902(1)
(1)(D) of the Act

b. born after September 30, 1983, who have
attained 6 years of age but have not
attained 19 years of age, with family incomes
at or below 100 percent of the Federal
poverty levels.

STATE <u>Louisiana</u>	A
DATE RECD. <u>8-4-98</u>	
DATE APPVD <u>10-27-98</u>	
DATE EFF <u>11-1-98</u>	
HCFA 179 <u>98-13</u>	

Children born after

(specify optional earlier date)

who have attained 6 years of age but have not
attained 19 years of age, with family incomes
at or below 100 percent of the Federal
poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

TN No. 98-13
Supersedes
TN No. 92-07
Approval Date 11-27-98 Effective Date 11-1-98

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
		10. <i>Reserved</i>
XIX	1902(e)(5) of the Act	11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
	1902(e)(6) of the Act	b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

STATE <u>Louisiana</u>	A
DATE REC'D <u>APR 06 1992</u>	
DATE APPV'D <u>MAY 14 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-07</u>	

* Agency that determines eligibility for coverage.

TN No. 92-07 Approval Date MAY 14 1992 Effective Date APR 01 1992
Supersedes
TN No. 91-26

Item 11, Page 5, Attachment 2.2-A
Item 10 Page 4, Att. 2.2-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation(s)	Groups Covered
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)	
1902(e)(4) of the Act	12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
SSA 42 CFR 435.120	13. Aged, Blind and Disabled Individuals Receiving Cash Assistance x a. Individuals receiving SSI. This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. ___ Aged ___ Blind ___ Disabled

STATE <u>Louisiana</u>	A
DATE REC'D <u>APR 06 1992</u>	
DATE APPV'D <u>MAY 14 1992</u>	
DATE EFF <u>APR 01 1992</u>	
HCFA 179 <u>92-07</u>	

* Agency that determines eligibility for coverage.

TN No. 92-07
Supersedes 91-26/91-23 Approval Date MAY 14 1992 Effective Date APR 01 1992
TN No. 91-26/91-23

Item 12, Page 5 - TN 91-26
Item 13, Page 6 - TN 91-23

State: LOUISIANA

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

435.121

13. 17 b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)³
of the Act

— Aged
— Blind
— Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in
ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

TN No. 91-23 Approval Date APR 02 1991 Effective Date OCT 01 1991
Supersedes
TN No. 5, then 9.6 (87-24) HCFA ID: 7983E

STATE <u>Louisiana</u>	DEC 05 1991	A
DATE REC'D	APR 02 1992	
DATE APP'D	OCT 01 1991	
DATE EFF.	91-23	
HCFA 179		